

# **EXHIBIT A**

FCRA Consumer Rights attached



Final Updated report

Order No: 5487728

TO:

**IBC / ROCKY MOUNT**  
**2551 NORTH CHURCH STREET**  
**P O BOX 591**  
**ROCKY MOUNT, NC 27802**

09-11-10797 CI:028618 **BACKGROUND INVESTIGATION REPORT** PR-12/3/09

**Applicant: HENDERSON, TYRONE BERNETT SR**  
**807 DIXON DRIVE**  
**RICHMOND, VA 23224**

Date Entered: 11/05/09

Page: 1

Aka: None

SS No: Not Displayed

**Investigation Summary**

Verification Type Information Source	Verification Status				Outstanding Concern/ Performance Discrepancy	
	Complete	Closed	N/A	Pending		
FMCSA Safety Sens. WAL-MART DISTRIBUTION CENTER	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FMCSA - Acc. History WAL-MART DISTRIBUTION CENTER	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FMCSA Safety Sens. GRAPHIC PACKAGING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FMCSA - Acc. History GRAPHIC PACKAGING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment WAL-MART	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FMCSA Safety Sens. WAL-MART	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The information in this report may have been obtained from third-party sources who maintain this information. If this report includes criminal record searches, please note that some minor charges may have been processed in a lower court which has no central reporting location. These types of charges, therefore, may not be included herein. Though Verifications, Inc. (VI) has made every effort to provide accurate information, the accuracy and/or completeness of the information provided cannot be guaranteed. By engaging VI, you release VI, all of its officers, agents, and employees from all liability for any negligence associated with providing the enclosed information.

This information is Confidential and may be used only by authorized personnel.

6900 Wedgewood Rd N Suite 120, Maple Grove, MN 55311  
 Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943



Plaintiffs Bate Stamp #000023

FCRA Consumer Rights attached



Final Updated report

Report Date: 11/05/09

Order No: 5487728

TO:

**IBC / ROCKY MOUNT**  
**2551 NORTH CHURCH STREET**  
**P O BOX 591**  
**ROCKY MOUNT, NC 27802**

09-11-10787 CI:028618

**BACKGROUND INVESTIGATION REPORT**

PR-12/3/09

**Applicant: HENDERSON, TYRONE BERNETT SR**  
**807 DIXON DRIVE**  
**RICHMOND, VA 23224**

Date Entered: 11/05/09

Page: 2

Aka: None

SS No: Not Displayed

**Investigation Summary**

Verification Type Information Source	Verification Status					Outstanding Performance	Concern/ Discrepancy
	Complete	Closed	N/A	Pending			
<b>FMCSA - Acc. History</b>							
WAL-MART	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>Employment</b>							
GRAPHIC PACKAGING CORPORATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>FMCSA Safety Sens.</b>							
GRAPHIC PACKAGING CORPORATION	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>FMCSA - Acc. History</b>							
GRAPHIC PACKAGING CORPORATION	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>County Criminal</b>							
PENNSYLVANIA/WESTMORELAND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
VIRGINIA/RICHMOND CITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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 Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943



Plaintiffs Bate Stamp #000024

FCRA Consumer Rights attached



Final Updated report

Order No: 5487728

TO:

**IBC / ROCKY MOUNT**  
**2551 NORTH CHURCH STREET**  
**P O BOX 591**  
**ROCKY MOUNT, NC 27802**

09-11-10797 CI:02861B

**BACKGROUND INVESTIGATION REPORT**

PR-12/3/08

**Applicant: HENDERSON, TYRONE BERNETT SR**  
**807 DIXON DRIVE**  
**RICHMOND, VA 23224**

Date Entered: 11/05/09  
Page: 3

Aka: None

SS No: Not Displayed

**Investigation Summary**

Verification Type Information Source	Verification Status				Outstanding Concern / Performance	Discrepancy
	Complete	Closed	N/A	Pending		
<b>Driving Record</b> VIRGINIA	[ ]	[ ]	[X]	[ ]	[ ]	[ ]
<b>SSN Trace</b> CSC/EQUIFAX	[X]	[ ]	[ ]	[ ]	[ ]	[X]
<b>Nat'l Crim Rec Loc</b> NATIONAL DATABASES	[X]	[ ]	[ ]	[ ]	[ ]	[ ]

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Plaintiffs Bate Stamp #000025



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Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

Date Entered: 11/05/09

**FMCSA Safety Sensitive**

PR-12/3/09

Source: WAL-MART DISTRIBUTION CENTER  
10695 FREEDOM TRAIL  
GORDONSVILLE, VA 22942-

Non Accessible

**Reported Information**

**Verified Information**

*Comments:*

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type?
5. For what types of deliveries was this individual responsible?
6. Has this individual received any safety awards while in your employ?
7. To the best of your knowledge, was this individual a safe driver?
8. Were there any accidents included on your accident register (Section 390.15(b)) that involved this individual in the past three (3) years? If Yes, provide required details.
9. You may also provide information concerning any accidents involving this individual that are retained pursuant to governmental entities or insurer requirements, or that are retained pursuant to your internal policies for retaining more detailed minor accident information.

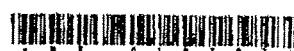
In the past three (3) years, for DOT-regulated testing:

1. Did this individual have an alcohol test with a result of 0.04 or higher alcohol concentration?
2. Did this individual have a verified positive drug test?
3. Did this individual refuse to be tested (including verified adulterated or substituted drug test results)?
4. Did this individual have other violations of DOT agency drug and alcohol testing regulations, or violations of the alcohol and controlled substances prohibitions under subpart B of Part 382 or 49 CFR Part 40?
5. Did a previous employer report a DOT drug and alcohol rule violation to you?
6. If you answered "yes" to any of the above items, did this individual complete the return-to-duty process?

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP).

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Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943





Page 5 of 22  
Date Entered: 11/05/09

Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

report(s), follow-up testing record).

7. Did this individual fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to Section 382.605 or 49 CFR part 40, subpart O?
8. If this individual successfully completed a SAP's rehabilitation program and remained in your employ, did this individual have testing violations subsequent to completion of a Section 382.605 or 49 CFR part 40, subpart O referral?

The Driver Application and drug and alcohol history release is required to determine whether this check requires processing. If provided, this verification will be processed.

11/06/09 Verification Updated

This verification was entered in error. According to federal law, consumers are entitled to the information which is procured for a Consumer Report, therefore we are not able to remove this verification from the report.

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Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

Date Entered: 11/05/09

**FMCSA - Accident History**

PR-12/3/09

Source: **WAL-MART DISTRBUTION CENTER**  
10695 FREEDOM TRAIL  
GORDONSVILLE, VA 22942-

Non Accessible

**Comments:**

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type?
5. For what types of deliveries was this individual responsible?
6. Has this individual received any safety awards while in your employ?
7. To the best of your knowledge, was this individual a safe driver?
8. Were there any accidents included on your accident register (Section 390.15(b)) that involved this individual in the past three (3) years? If Yes, provide required details.
9. You may also provide information concerning any accidents involving this individual that are retained pursuant to governmental entities or insurer requirements, or that are retained pursuant to your internal policies for retaining more detailed minor accident information.
10. Was this individual's job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?

The Driver Application or Application Supplement is required to determine whether this check requires processing. Please forward the application.

----- 11/06/09 Verification Updated -----  
This verification was entered in error. According to federal law, consumers are entitled to the information which is procured for a Consumer Report, therefore we are not able to remove this verification from the report.

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6900 Wedgewood Rd N Suite 120, Maple Grove, MN 55311  
Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943



Plaintiffs Bate Stamp #000028



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04/06/2012 11:05:09 AM

Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

Date Entered: 11/05/09

**FMCSA Safety Sensitive**

PR-12/3/09

Source: GRAPHIC PACKAGING  
4500 SARELLEN ROAD  
RICHMOND, VA 23231-

Non Accessible

**Reported Information**      **Verified Information**

*Comments:*

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type?
5. For what types of deliveries was this individual responsible?
6. Has this individual received any safety awards while in your employ?
7. To the best of your knowledge, was this individual a safe driver?
8. Were there any accidents included on your accident register (Section 390.15(b)) that involved this individual in the past three (3) years? If Yes, provide required details.
9. You may also provide information concerning any accidents involving this individual that are retained pursuant to governmental entities or insurer requirements, or that are retained pursuant to your internal policies for retaining more detailed minor accident information.

In the past three (3) years, for DOT-regulated testing:

1. Did this individual have an alcohol test with a result of 0.04 or higher alcohol concentration?
2. Did this individual have a verified positive drug test?
3. Did this individual refuse to be tested (including verified adulterated or substituted drug test results)?
4. Did this individual have other violations of DOT agency drug and alcohol testing regulations, or violations of the alcohol and controlled substances prohibitions under subpart B of Part 382 or 49 CFR Part 40?
5. Did a previous employer report a DOT drug and alcohol rule violation to you?
6. If you answered "yes" to any of the above items, did this individual complete the return-to-duty process?

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP).

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Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943





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Applicant: **HENDERSON, TYRONE BERNETT SR**  
SSN: **Not Displayed**

Date Entered: 11/05/09

report(s), follow-up testing record).

7. Did this individual fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to Section 382.605 or 49 CFR part 40, subpart O?
8. If this individual successfully completed a SAP's rehabilitation program and remained in your employ, did this individual have testing violations subsequent to completion of a Section 382.605 or 49 CFR part 40, subpart O referral?

The Driver Application and drug and alcohol history release is required to determine whether this check requires processing. If provided, this verification will be processed.

----- 11/06/09 Verification Updated -----  
This verification was entered in error. According to federal law, consumers are entitled to the information which is procured for a Consumer Report, therefore we are not able to remove this verification from the report.

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Plaintiffs Bate Stamp #000030



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Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

Date Entered: 11/05/09

**FMCSA - Accident History**

PR-12/3/09

Source: GRAPHIC PACKAGING  
4500 SARELLEN ROAD  
RICHMOND, VA 23231-

Non Accessible

*Comments:*

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type?
5. For what types of deliveries was this individual responsible?
6. Has this individual received any safety awards while in your employ?
7. To the best of your knowledge, was this individual a safe driver?
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9. You may also provide information concerning any accidents involving this individual that are retained pursuant to governmental entities or insurer requirements, or that are retained pursuant to your internal policies for retaining more detailed minor accident information.
10. Was this individual's job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?

The Driver Application or Application Supplement is required to determine whether this check requires processing. Please forward the application.

----- 11/06/09 Verification Updated -----

This verification was entered in error. According to federal law, consumers are entitled to the information which is procured for a Consumer Report, therefore we are not able to remove this verification from the report.

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6900 Wedgewood Rd N Suite 120, Maple Grove, MN 55311  
Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943





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**Applicant:** HENDERSON, TYRONE BERNETT SR  
**SSN:** Not Displayed

Date Entered: 11/05/09

## **Employment**

PR-123/D9

Source: WAL-MART

### **Complete**

10695 FREEDOM TRAIL  
GORDONSVILLE, VA 22942-

*Was applicant ever employed by you?*

### Reported Information

### **Verified Information**

Yes

**Dates of employment (from - to):**

04/14/09 to Present

Date  
Title

© 1989 by Prentice-Hall, Inc.

#### Earnings:

## **Hourly Associate See Comments Below**

Earnings:  
Reason employment needed

17.70%  
Still Employed

Has applicant eligible for retire?

#### Employment Comments:

### Employment Comments:

11/05/09 - This information was verified by an automated verification system used by the employer. Please note, the automated system provided applicant's earnings as \$18.20 per hour plus 2009 year to date additional earnings of \$391 bonus and \$30 other. No further information was provided. Due to the discrepancy in employment dates, information has been requested from the Personnel on 11/05/09; any information received will be forwarded.

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6900 Wedgwood Rd N Suite 120, Maple Grove, MN 55311  
Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943



Plaintiffs Bate Stamp #000032



Page 11 of 22

Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

Date Entered: 11/05/09

**FMCSA Safety Sensitive**

PR-12/3/09

Source: WAL-MART

Non Accessible

10695 FREEDOM TRAIL  
GORDONSVILLE, VA 22942-

**Reported Information**

**Verified Information**

Comments:

Not Listed

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type?
5. For what types of deliveries was this individual responsible?
6. Has this individual received any safety awards while in your employ?
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9. You may also provide information concerning any accidents involving this individual that are retained pursuant to governmental entities or insurer requirements, or that are retained pursuant to your internal policies for retaining more detailed minor accident information.

In the past three (3) years, for DOT-regulated testing:

1. Did this individual have an alcohol test with a result of 0.04 or higher alcohol concentration?
2. Did this individual have a verified positive drug test?
3. Did this individual refuse to be tested (including verified adulterated or substituted drug test results)?
4. Did this individual have other violations of DOT agency drug and alcohol testing regulations, or violations of the alcohol and controlled substances prohibitions under subpart B of Part 382 or 49 CFR Part 40?
5. Did a previous employer report a DOT drug and alcohol rule violation to you?
6. If you answered "yes" to any of the above items, did this individual complete the return-to-duty process?

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP).

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6900 Wedgewood Rd N Suite 120, Maple Grove, MN 55311  
Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943





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Applicant's Name

Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

Date Entered: 11/05/09

report(s), follow-up testing record).

7. Did this individual fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to Section 382.605 or 49 CFR part 40, subpart O?
8. If this individual successfully completed a SAP's rehabilitation program and remained in your employ, did this individual have testing violations subsequent to completion of a Section 382.605 or 49 CFR part 40, subpart O referral?

The Driver Application and drug and alcohol history release is required to determine whether this check requires processing. If provided, this verification will be processed.

11/06/09 Verification Updated

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Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943





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Printed: 11/05/09

Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

Date Entered: 11/05/09

PR-12/3/09

FMCSA - Accident History

Source: WAL-MART

Non Accessible

10695 FREEDOM TRAIL  
GORDONSVILLE, VA 22942-

Comments:

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type?
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9. You may also provide information concerning any accidents involving this individual that are retained pursuant to governmental entities or insurer requirements, or that are retained pursuant to your internal policies for retaining more detailed minor accident information.
10. Was this individual's job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?

The Driver Application or Application Supplement is required to determine whether this check requires processing. Please forward the application.

----- 11/06/09 Verification Updated -----  
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Page 14 of 22

Applicant: HENDERSON, TYRONE BERNETT SR  
 SSN: Not Displayed

Date Entered: 11/05/09

**Employment**

PR-12/3/09

Source: GRAPHIC PACKAGING CORPORATION

Complete

4500 SARELLEN ROAD  
 RICHMOND, VA 23231-

*Was applicant ever employed by you?*

**Reported Information**

**Verified Information**  
 Yes

*Dates of employment (from - to):*

09/2008 to 11/2008

09/06/00 to 11/15/08

*Title:*

press operator

Printing-apprentice

*Earnings:*

20.50/Hr

See Comments Below

*Reason employment ended:*

Company Closed

*Is applicant eligible for rehire?*

*Employment Comments:*

11/05/09 - This information was verified by an automated verification system used by the employer. Please note earnings of \$10,667 were provided for 2009; however, no employment dates were verified during this timeframe. Please note, the automated system provided applicant's earnings as \$1,600 bi-weekly plus 2008 year to date additional earnings of \$829 overtime, \$663 bonus, and \$7,002 other. No further information was provided.

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Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

Date Entered: 11/05/09

**FMCSA Safety Sensitive**

PR-12/3/09

Source: **GRAPHIC PACKAGING CORPORATION**  
4500 SARELLEN ROAD  
RICHMOND, VA 23231-

Non Accessible

**Comments:**

**Reported Information**

Not Listed

**Verified Information**

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type?
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2. Did this individual have a verified positive drug test?
3. Did this individual refuse to be tested (including verified adulterated or substituted drug test results)?
4. Did this individual have other violations of DOT agency drug and alcohol testing regulations, or violations of the alcohol and controlled substances prohibitions under subpart B of Part 382 or 49 CFR Part 40?
5. Did a previous employer report a DOT drug and alcohol rule violation to you?
6. If you answered "yes" to any of the above items, did this individual complete the return-to-duty process?

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP).

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Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

Date Entered: 11/05/09

report(s), follow-up testing record).

7. Did this individual fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to Section 382.605 or 49 CFR part 40, subpart O?
8. If this individual successfully completed a SAP's rehabilitation program and remained in your employ, did this individual have testing violations subsequent to completion of a Section 382.605 or 49 CFR part 40, subpart O referral?

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Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

Date Entered: 11/05/09

**FMCSA - Accident History**

PR-12/3/09

Source: GRAPHIC PACKAGING CORPORATION  
4500 SARELLEN ROAD  
RICHMOND, VA 23231-

Non Accessible

**Comments:**

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type?
5. For what types of deliveries was this individual responsible?
6. Has this individual received any safety awards while in your employ?
7. To the best of your knowledge, was this individual a safe driver?
8. Were there any accidents included on your accident register (Section 390.15(b)) that involved this individual in the past three (3) years? If Yes, provide required details.
9. You may also provide information concerning any accidents involving this individual that are retained pursuant to governmental entities or insurer requirements, or that are retained pursuant to your internal policies for retaining more detailed minor accident information.
10. Was this individual's job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?

The Driver Application or Application Supplement is required to determine whether this check requires processing. Please forward the application.

11/06/09 Verification Updated

This verification was entered in error. According to federal law, consumers are entitled to the information which is procured for a Consumer Report, therefore we are not able to remove this verification from the report.

*This information is Confidential and may be used only by authorized personnel.*

6900 Wedgewood Rd N Suite 120, Maple Grove, MN 55311  
Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943





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Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

Date Entered: 11/05/09

County Criminal

PR-12/3/09

Developed from NCRL

Source: PENNSYLVANIA/WESTMORELAND

Complete

Review Dates Starting:

2002

Ending:

2009

Criminal Search Results:

A criminal record search must be conducted by a researcher or court clerk at this location. The information was requested on 11/06/09 and will be forwarded upon receipt.

----- 11/11/09 Verification Completed -----

\*\*\*NOTE: The following case(s) is/are located under: Tyrone Henderson with a matching social security number and date of birth.

( Case number: 2004-04581

09/13/04 Possess with intent to deliver (Felony)

01/17/06 Guilty

Sentence: 2 Years probation, 6 months electronic monitoring and costs (amount not provided).

( 09/17/08 Probation revoked: 4 to 23 Months jail.)

END

Case number: 2007-00541

01/15/07 Theft by unlawful taking (Misdemeanor)

03/23/07 Guilty

Sentence: 48 Hours to 6 months jail and costs (amount not provided).

----- 11/20/09 Verification Updated -----

The accuracy of the previously reported information in this jurisdiction is being disputed. Additional research is being conducted. Any updates will be forwarded upon receipt.

----- 12/01/09 Verification Completed -----

Additional research was conducted to confirm the accuracy of the information reported in this jurisdiction. Based on additional research, the previously reported information is accurate as reported above.

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Plaintiffs Date Stamp #000040



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Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

Date Entered: 11/05/09

**County Criminal**

PR-12/3/09

Source: VIRGINIA/RICHMOND CITY

Complete

*Review Dates Starting:*

2002

*Ending:*

2009

*Criminal Search Results:*

A criminal record search must be conducted by a researcher or court clerk at this location. The information was requested on 11/05/09 and will be forwarded upon receipt. Please note this search may be delayed if a possible record is located. Most possible records require a court clerk to pull the court file to retrieve the defendant's identifying information.

----- 11/10/09 Checked Status -----  
----- 11/11/09 Checked Status -----  
----- 11/12/09 Checked Status -----  
----- 11/12/09 Checked Status -----  
----- 11/12/09 Checked Status -----  
----- 11/13/09 Verification Completed -----

\*\*NOTE: The following case(s) is/are located under: Tyrone Bennett Henderson Sr. with a matching date of birth.

Case number: GT06015566-00  
05/25/06 Reckless driving (Misdemeanor)  
06/15/06 Guilty

Sentence: \$140.00 Fine and \$77.00 costs.

-----END-----

Case number: GT01D24201-00  
07/21/01 No operator license (Misdemeanor)  
08/09/01 Guilty

Sentence: \$50.00 Fine and \$30.00 costs.

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Plaintiffs Bate Stamp #000041



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Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

Date Entered: 11/05/09

Driving Record

PR-12/3/09

Source: VIRGINIA

Non Accessible

Drivers License No.:

Reported Information

Verified Information

Status:

LICENSED

Class:

OPERATOR

Expiration Date:

01/10/10

01/01/2010

Driving Record:

----- 11/05/09 Verification Updated

-----  
This verification was submitted electronically on  
11/05/09. Information will be forwarded upon receipt.  
----- 11/06/09 Verification Completed  
-----

\*\*\*NOTE: The following information is located under:  
Tyrone B. Henderson.

12/09/02 - License reinstated  
05/25/06 - Reckless driving - speeding 6 Points  
09/15/06 - Speeding at school crossing 15-19 mph 4 Points  
12/08/07 - Speeding 20 or more mph above speed limit 6  
Points  
02/28/08 - Speeding 15-19 mph over limit 4 Points  
09/19/08 - License suspended due to fail to maintain  
judgement orders 0 Points  
09/26/08 - License reinstated  
07/28/09 - License suspended due to default judgement 0  
Points  
08/26/09 - License reinstated  
----- 11/06/09 Verification Updated

-----  
This verification was entered in error. According to  
federal law, consumers are entitled to the information  
which is procured for a Consumer Report, therefore we are  
not able to remove this verification from the report.

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Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943





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for Plaintiff's Case

Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

Date Entered: 11/05/09

**SSN Trace**

PR-12/3/09

Source: CSC/EQUIFAX

Complete

*SSN Trace Results:*

**EQUIFAX DTEC TRACE REPORT**

NAME

ADDRESS/ADDRESS REPORTED DATE

HENDERSON, TYRONE BERNETT  
FN-HENDERSON, TYRONE BURNETTE

SSN ISSUED 1973;VA

SAFESCANNED: Your inquiry has gone through our SAFESCAN data base.  
Subject's SSN verified.

Please note that "SSN verified" means 2 or more Equifax customers have reported data to Equifax with this SSN. "SSN not verified" simply means that 0-1 Equifax customers have reported data to Equifax with this SSN. Please see the SAFESCAN warning for the status of the SSN. If it reads only "Your inquiry has gone through our SAFESCAN data base.", the credit bureau is satisfied with the validity of the SSN.

Using the available credit resources, records show the provided Social Security Number (SSN) has been used by someone else for credit purposes. Please confirm that the SSN listed above is the same as provided by the applicant on other documentation and/or on the SSN Card. Verification through the Social Security Administration (SSA) itself can only be done by the company that has hired the applicant by calling 1-800 772 6270. Please note your Federal Tax ID# is required to access this information.

Employment decisions should not be based solely on credit bureau information.

*This information is Confidential and may be used only by authorized personnel.*

6900 Wcdgwood Rd N Suite 120, Maple Grove, MN 55311  
Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943





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Applicant: HENDERSON, TYRONE BERNETT SR  
SSN: Not Displayed

Date Entered: 11/05/09

**National Criminal Record Locator**

PR-12/3/09

Source: NATIONAL DATABASES

Complete

*Results:*

11/06/09 Verification Completed

Additional research at the jurisdictional level is required to complete this check. This information was requested on 11/06/09 and, upon receipt, will be included in the applicable jurisdiction contained in this report.

**PLEASE NOTE:** For a list of information sources used in this search go to: <http://www.verificationsinc.com/pdf/nclsources.pdf>

**End of report**

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